

## **DMS clarifications on the MAP 248**

- HH agencies must distinguish that the Plan of Care (POC) and the “supply only certification are 2 different health services.
- The MAP 248 is not required if there is a POC which includes services (a HH episode of care).
- The MAP 248 is for “supply only” recipients.
- The April 2009 revision of the Map 248 was developed to make the form available to providers in electronic format.
- Providers have the option to choose the electronic version or the manual version.
- The electronic version of the MAP 248 was not mandated by DMS as the “only” version the HH providers could use.
- The providers were not directed by DMS to complete a new MAP 248 when the electronic MAP 248 was initiated.
- HCPCS codes for a change in the size of diapers will not require a new or modified MAP 248.
- The MAP 248 can be initiated with a physician’s verbal order; A signed and dated Physician’s signature must be provided within 21 days of the verbal order.
- A MAP 248 is valid for 6 months from the date of receipt of the physician’s order (verbal or written).
- If a recipient has a significant condition change, that changes the needed medical supplies, a new MAP 248 must be completed.
- If a HHA chooses not to use HCPCS codes on the MAP 248, HCPCS codes and quantities are required for PA approval and claims payment.
- If the HHA chooses not to use HCPCS codes on the MAP 248, DMS requires specific description of the supplies.

**DMS recommends that the HH agencies clearly state what they are requesting at the beginning of the Prior Authorization process to SHPS to**

**reduce confusion and reduce phone conversation time related to the MAP**

**248. Examples include:**

- “This is a supply only certification request.”
- “This is a modification to a current supply only certification.”
- “This is additional required information for an un-reviewed status to a supply only certification or modification.”

**HHA’s should check the DAR when received to ensure that the HCPCS for the supplies requested match the HCPCS codes approved. If there are errors, the HHA has 48 hours to request correction.**